

Juvenile Justice Commission

APPLICATION FOR MEMBERSHIP

The Juvenile Justice Commission meets the first Wednesday of each month from 11:15 a.m. to approximately 1:00 p.m (the time varies depending on agenda topics).

Date _____

NAME _____

Home Address _____ City _____ Zip _____

Business Address _____ City _____ Zip _____

Phone: Office _____ Home _____

E-Mail: _____

TO ASSURE BROAD-BASED REPRESENTATION ON THE JUVENILE JUSTICE COMMISSION, PLEASE PROVIDE THE FOLLOWING INFORMATION:

15 – 25 _____	Female _____ Male _____	Caucasian _____	Asian/Filipino _____
26 – 50 _____		Hispanic _____	Amer.Indian _____
Over 50 _____		Black _____	Other _____

What are your principal areas of interest in the juvenile justice system?

PLEASE COMPLETE REVERSE SIDE

List all County boards, commissions or committees of which you are or have been a member:

COMMITTEE NAME

DATE APPOINTED

What experience or special knowledge can you bring to your area(s) of interest?
(Applicants are encouraged to submit r9sum9s)

Community organizations to which you belong:

Your current employer _____

Name of Supervisor _____ (The Presiding Judge of Juvenile Court may
Phone # _____ contact this person for purpose of reference.)

Your Title _____

Statement of Occupational Experience:

Signature _____

Please return completed form to:

Juvenile Justice Commission
Attn: Heather Dauler
P.O. Box 23596
San Diego, CA 92193
(858) 694-4422 • Fax: (858) 694-4726